



## **SAN DIEGO**

### **Community Emergency Response Team Volunteer Application**

Please complete and mail or fax to:  
CERT Program Office - San Diego Fire-Rescue Department  
1010 2<sup>nd</sup> Ave. Ste. 400 MS 604 San Diego, CA 92101  
(619) 533-3075 fax: (619) 544-9351

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEIGHBORHOOD OR COMMUNITY: \_\_\_\_\_

CITY COUNCIL DISTRICT /MEMBER: \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PROFESSION \_\_\_\_\_

*NOTE: Please put a star by the best contact number for you:*

PHONE H \_\_\_\_\_ W \_\_\_\_\_ Cell: \_\_\_\_\_

FAX \_\_\_\_\_

**PLEASE PRINT EMAIL CLEARLY:**

EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PH \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CLASS PREFERENCE: (circle one): WED 6-10 PM or SAT 8:30-12:30AM

Where did you hear about CERT and our volunteer opportunities?

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Are you over 18 years of age? YES NO

Do you have a ham radio license or would you be willing to learn this skill? YES NO

If you have a disability, what accommodations would you need to do this volunteer position?

What in particular attracted you to CERT? \_\_\_\_\_

Are there any certain skills, training or knowledge you wish to utilize with CERT?

What training, resources or support do you anticipate needing to do this volunteer work?

Have you ever been convicted of a crime? YES NO

You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8.

If yes, please explain and give disposition:

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By signing, you agree to these terms: I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of San Diego and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation. I also agree to allow the City a model release to use my name, photo, video or CERT status in promotional materials for CERT without payment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_